

Name
in
Full

Elizabeth Brakhafo 62

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1907	Month 10	Day 24	Years	Months
Sex	Female	Color or Race	White	Days 15 minutes	
Occupation	none	Where Residing if not at place of death near Germantown			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Chas E. Brakhafo		Father's Birthplace	2 a 60	
Mother's Maiden Name	Mary Baseline Walker		Mother's Birthplace	2 a 60	
Name of person giving information	Chas E. Brakhafo		How related to deceased	Father	

CAUSES OF DEATH

131

PHYSICIAN
OR CORONER

Primary

Postmature Birth

How long

Immediate

—

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

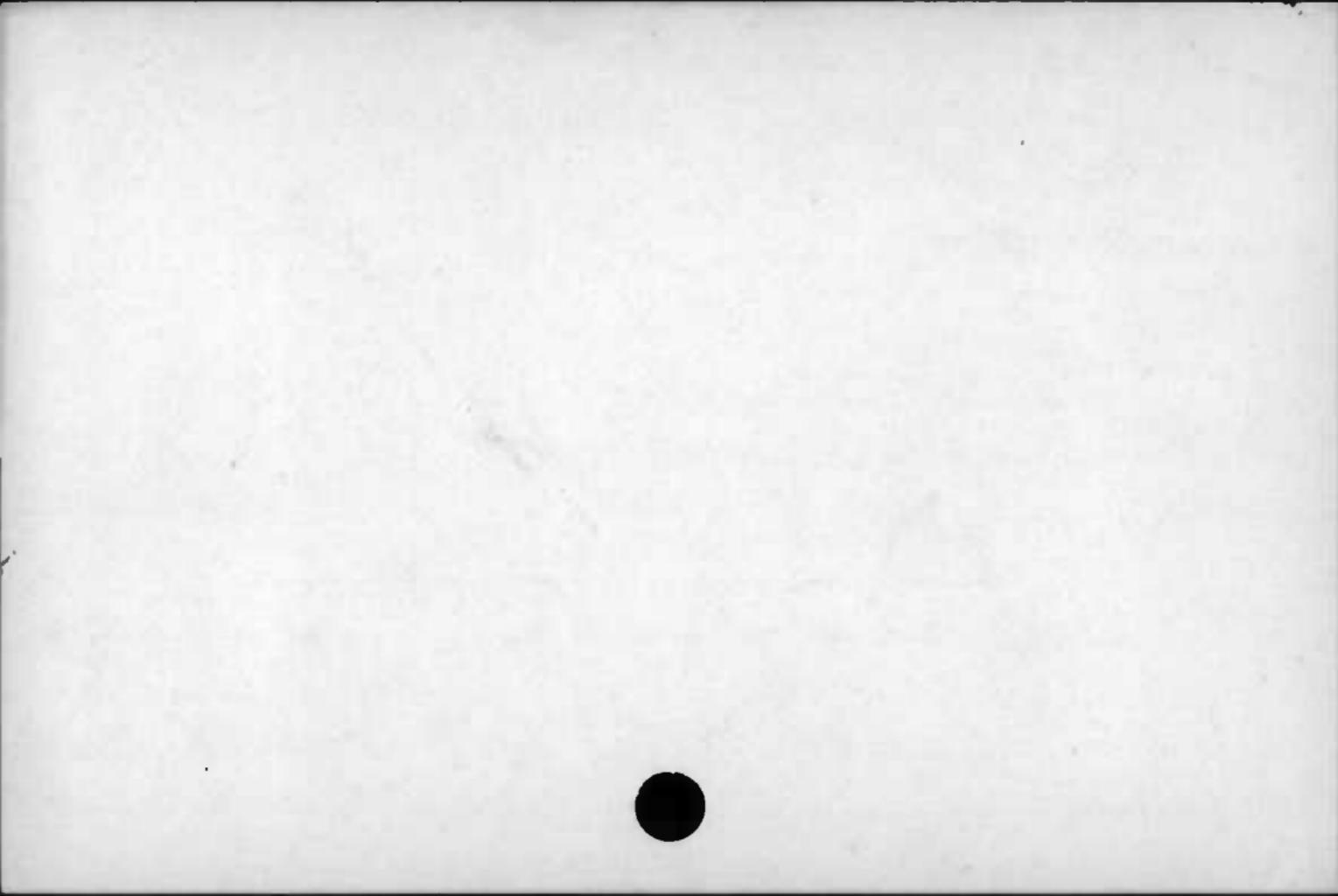
Signature of Physician

Address

J. M. Ostrander
Bucknerville
2 a 60 not

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Ingleside <small>Town</small>		County Baltimore		MARYLAND	
Date of death 1907	Month 10	Day 11	Years 8	Months	Days
Sex Female	Color or Race White	Birth-place Md-			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Walter Bradley				
Mother's Maiden Name	Maggie Glandring				
Name of person giving Information	Maggie Bradley				

CAUSES OF DEATH

①

PHYSICIAN
OR CORONER

Primary

Aphoid-fever

How long

3 weeks

Immediate

Are the name, age, sex, color, date and place correctly given above?

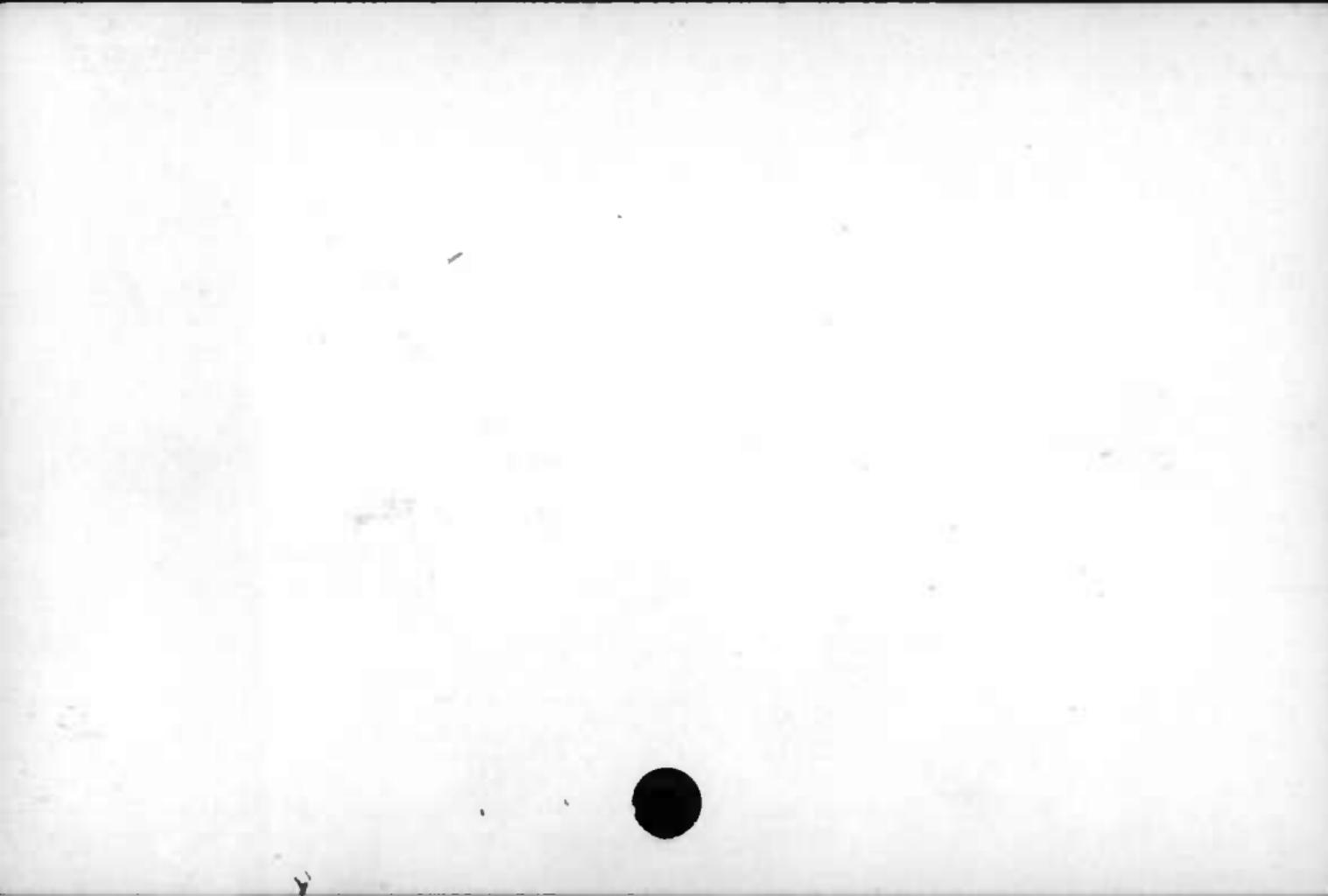
js

Signature of Physician

Address

**J. P. Smith, M.D.
Glenelg, Md.**

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

William Henry Brooks					CERTIFICATE OF DEATH	
Died at Ponds Corners		Town Queen Anne's		County		MARYLAND
Date of death 1907	Month October	Day 22	Years 24	Age 24	Months 8	Days 10
Sex Male	Color or Race Black	Birth-place Annapolis Md				
Occupation Farmer	Where Residing if not at place of death					
Married, Single or Widowed Married	Name of Wife or Husband Matilda Brooks					
Father's Name James L Brooks	Father's Birthplace Annapolis Md					
Mother's Maiden Name Julia Blake	Mother's Birthplace Sudlersville Md					
Name of person giving information James L. Brooks	How related to deceased Father					
CAUSES OF DEATH						
Primary	Tuberculosis of Lungs & Intestines				How long Nine Months	
Immediate Heart Failure					How long	
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	Arthur E. Landord		
			Address	Compton		
Accident or Suicide?						

Name
in
Full

Aannie Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

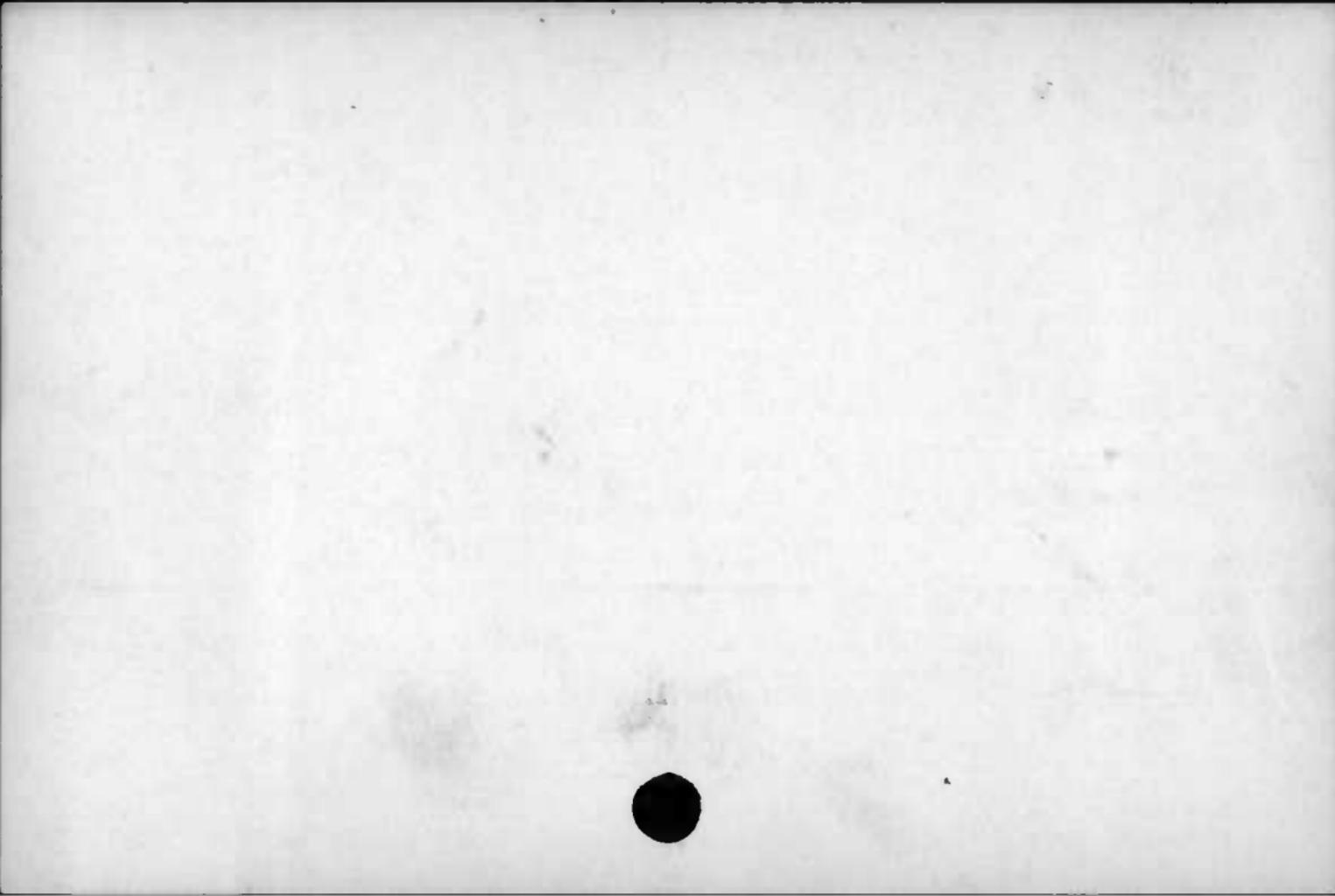
Died <input type="text"/> Near Dugside		Town <input type="text"/> J. Turner	County <input type="text"/>	MARYLAND		
Date of death <input type="text"/> 1907	Month <input type="text"/> 10	Day <input type="text"/> 29	Age <input type="text"/>	Years	Months <input type="text"/> 11	Days <input type="text"/>
Sex <input type="text"/> Girl	Color or Race <input type="text"/> Black	Birth-place <input type="text"/> Md	Where Residing if not at place of death <input type="text"/>			
Occupation <input type="text"/>						
Married, Single or Widowed <input type="text"/>	Name of Wife or Husband <input type="text"/>					
Father's Name <input type="text"/> William Brown	Father's Birthplace <input type="text"/> not known					
Mother's Maiden Name <input type="text"/> Ann Brown	Mother's Birthplace <input type="text"/> Md					
Name of person giving information <input type="text"/> Harry Brown	How related to deceased <input type="text"/> no relation					
CAUSES OF DEATH						
Primary <input type="text"/>						
Immediate <input type="text"/> Syphilis	How long <input type="text"/> from birth					
Are the name, age, sex, color, date and place correctly given above? <input type="text"/>	Signature of Physician <input type="text"/> Dr. Abraham					
Address						
Accident or Suicide? <input type="text"/>						

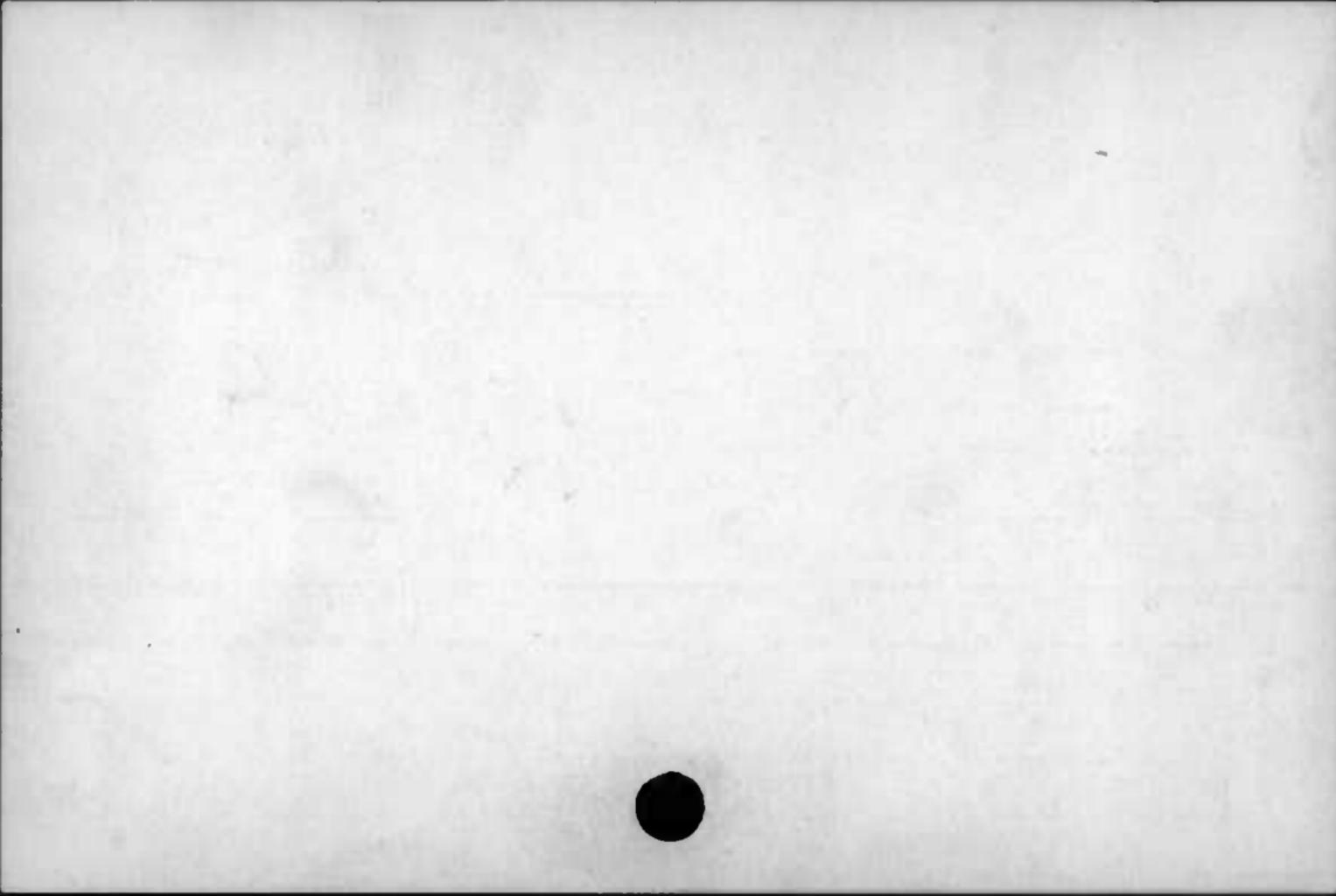
36

How long

How long

From birth





Ester Cornelius Cann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at <u>near Centreville</u>		County <u>Queen Anne</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>Oct</u>	Day <u>2</u>	Years <u>—</u>	Months <u>6</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birthplace <u>Q. C. Co., Md.</u>				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	<u>Harry Sherman Cann</u>					
Mother's Maiden Name	<u>Matilda Green</u>					
Name of person giving Information	<u>Father, H. Sherman Cann</u>					
CAUSES OF DEATH						
Primary	<u>Enteritis</u>					
Immediate	<u>Exhaustion</u>					
Are the name, age, sex, color, date and place correctly given above?						
Signature of Physician						
Address						

105

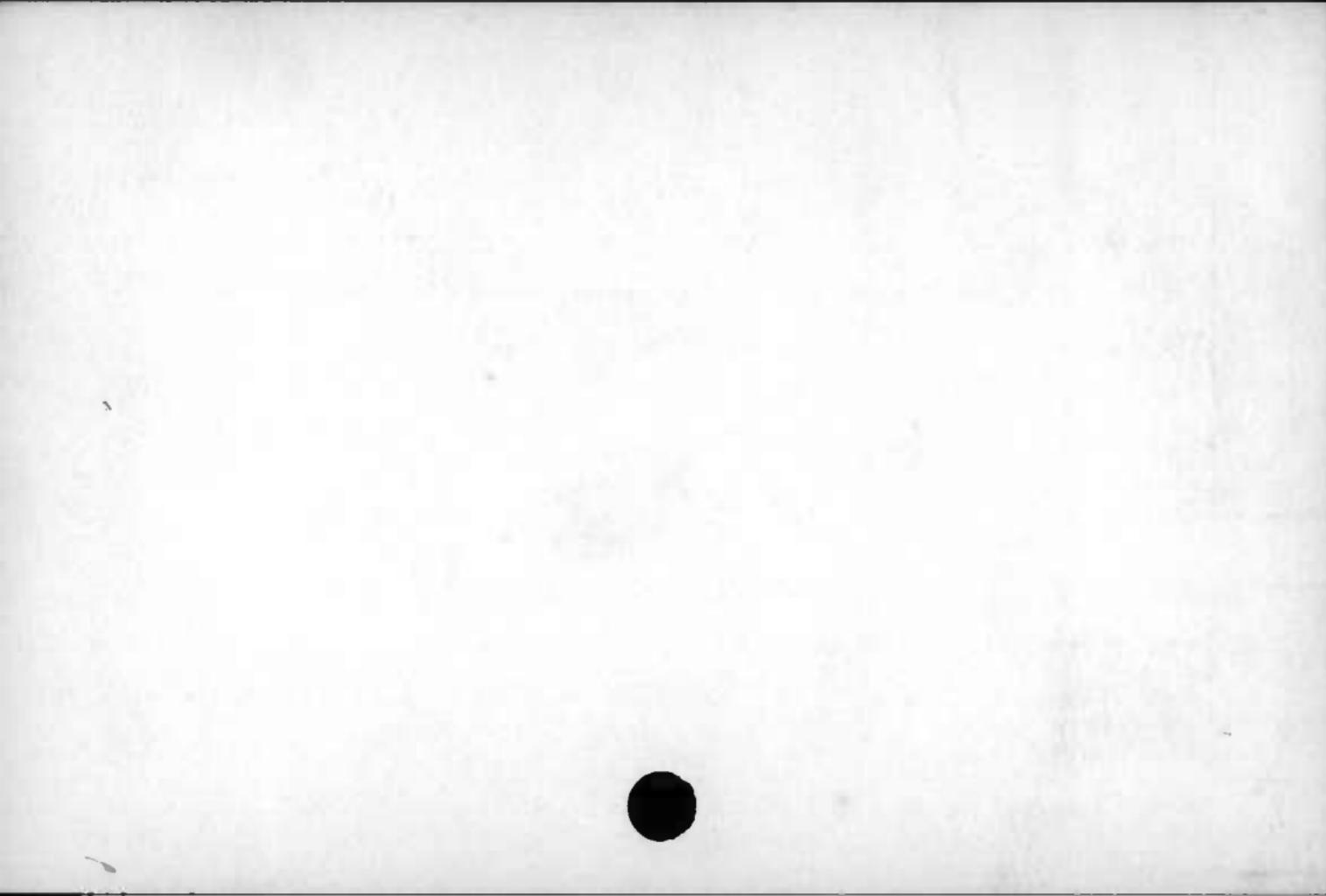
How long

Two months

How long

six hoursRowland H. FordQueenstown, Md.

Accident or Suicide?



Name
in
Full

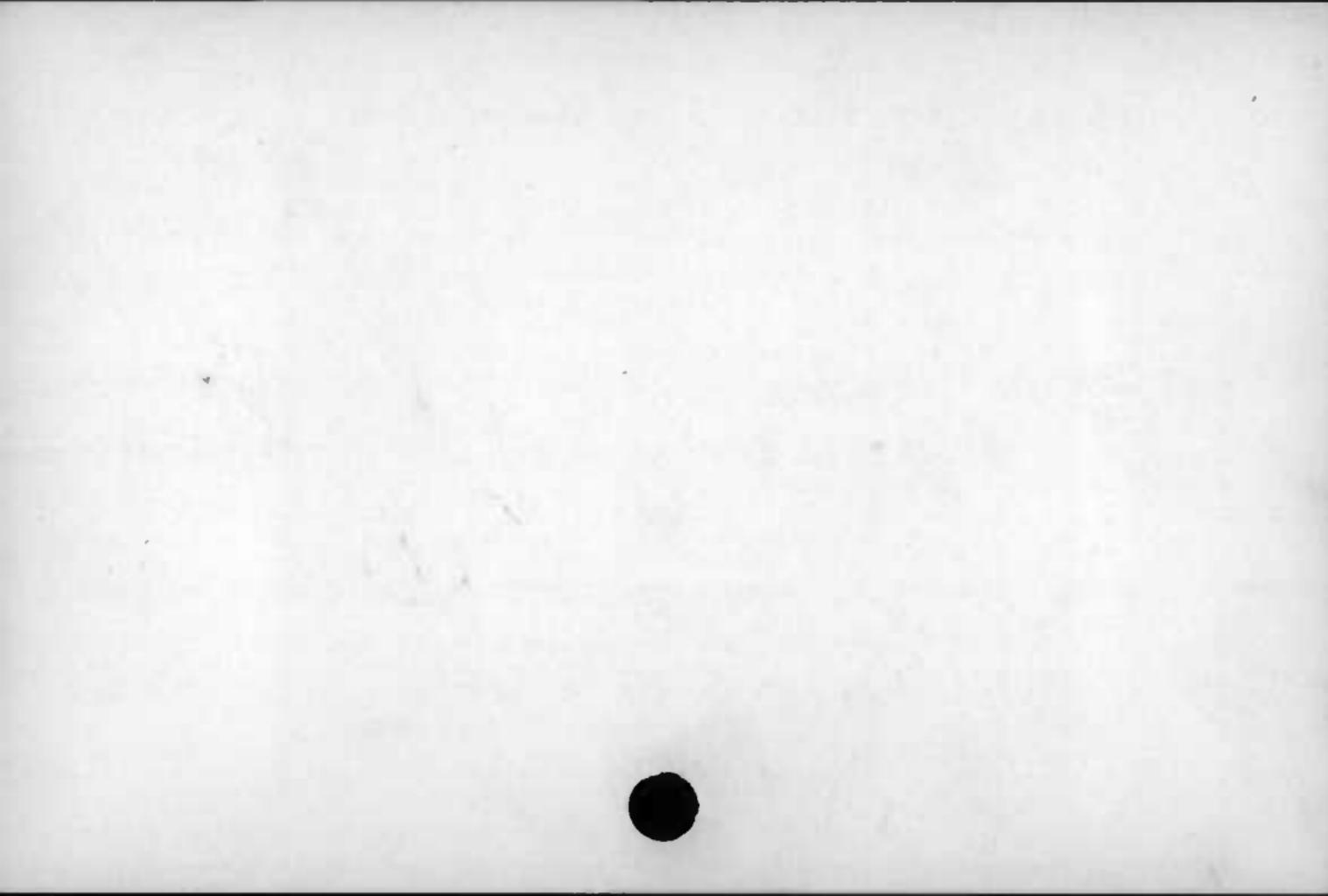
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County	MARYLAND		
Date of death	1907	Month Oct	Day 9	Years 17	Months 6	Days
Sex	Male	Color or Race	White	Birth-Place	Kent Co.	
Occupation	Telegraphy Operator			Where Residing if not at place of death	Kent Co.	
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	R. F. Daddy			Father's Birthplace	Kent Co.	
Mother's Maiden Name	Ella J. Thomas			Mother's Birthplace	Lewistown	
Name of person giving Information	R. F. Daddy			How related to deceased	Father	
CAUSES OF DEATH						
Primary	Typhoid Fever			How long	3 weeks	
Immediate	Exhaustion			How long	1 week	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Geo. Kemp	
				Address	Stevensville Md.	

Accident or Suicide?



To BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Centreville	Queen Anne	
Date of death	Month	Day	Years
1907	Oct	4	Age
Sex	Male	Color or Race	Black
Occupation	None	Where Residing if not at place of death	Centreville
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Paca Island
Father's Name	Wm Dorgan	Mother's Birthplace	Paca Island
Mother's Maiden Name	Suzza Emory	How related to deceased	Father
Name of person giving information	Wm Dorgan		

CAUSES OF DEATH

(8)

How long

How long

Primary

Whooping Cough

Immediate Choked to death by the phlegm

Are the name, age, sex, color, date and place correctly given above?

as per above
as per above

Signature of Physician

Address

Address

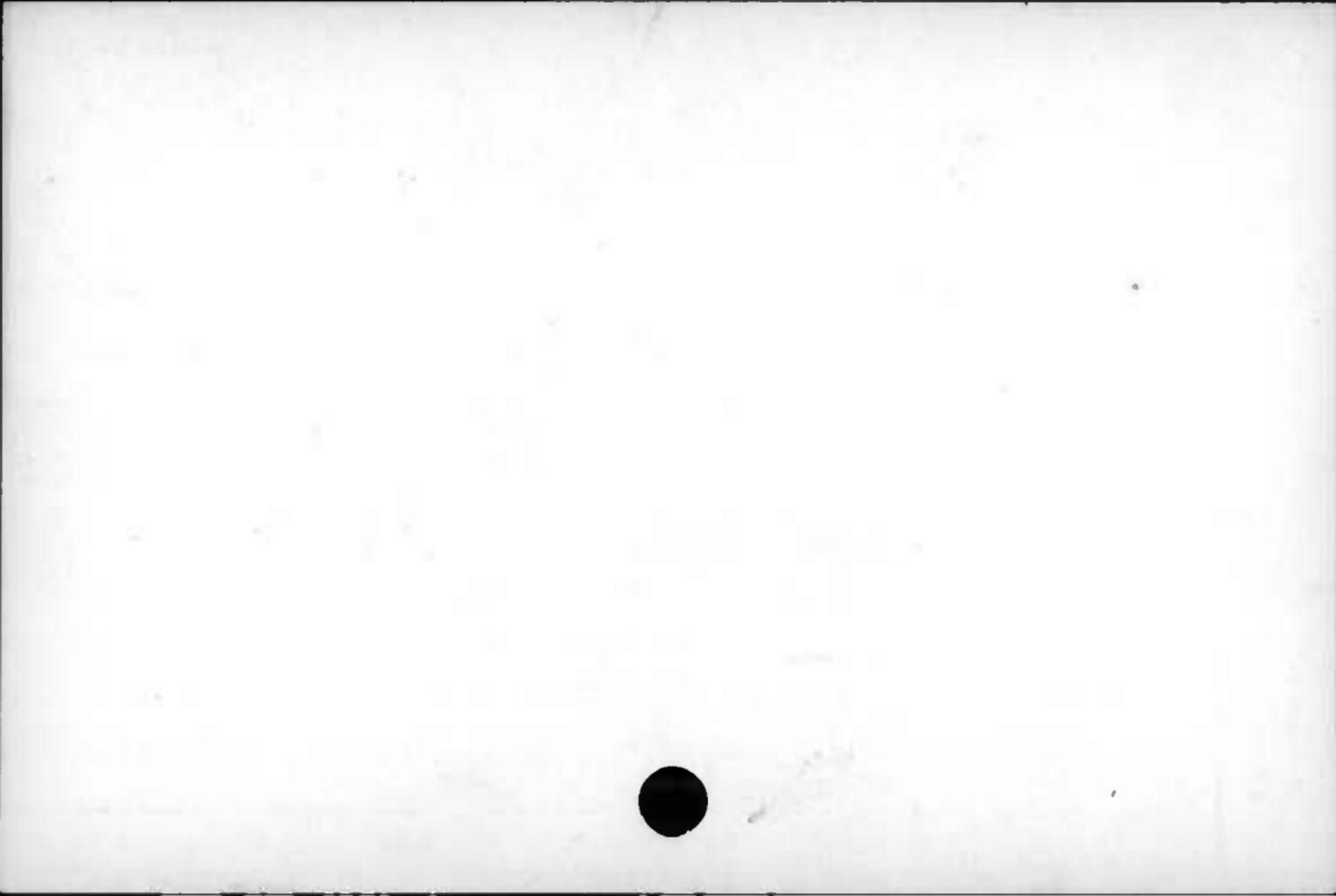
J. M. Woodford

Sub Agent

No Physician

Accident or Suicide?

No



Name
in
Full

Oscar Green

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1907	Month Oct	Day 16	Years	Months	Days
Sex	Male	Color or Race	Caucasian	Birth-place	St. Peter's	
Occupation	None		Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	John Green		Father's Birthplace	Long Island		
Mother's Maiden Name	Sarah Green		Mother's Birthplace	Long Island		
Name of person giving information	John Green		How related to deceased	Father		

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Intestinal Obstruction	
Immediate	Asphyxia	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	No	

Name
in
Full

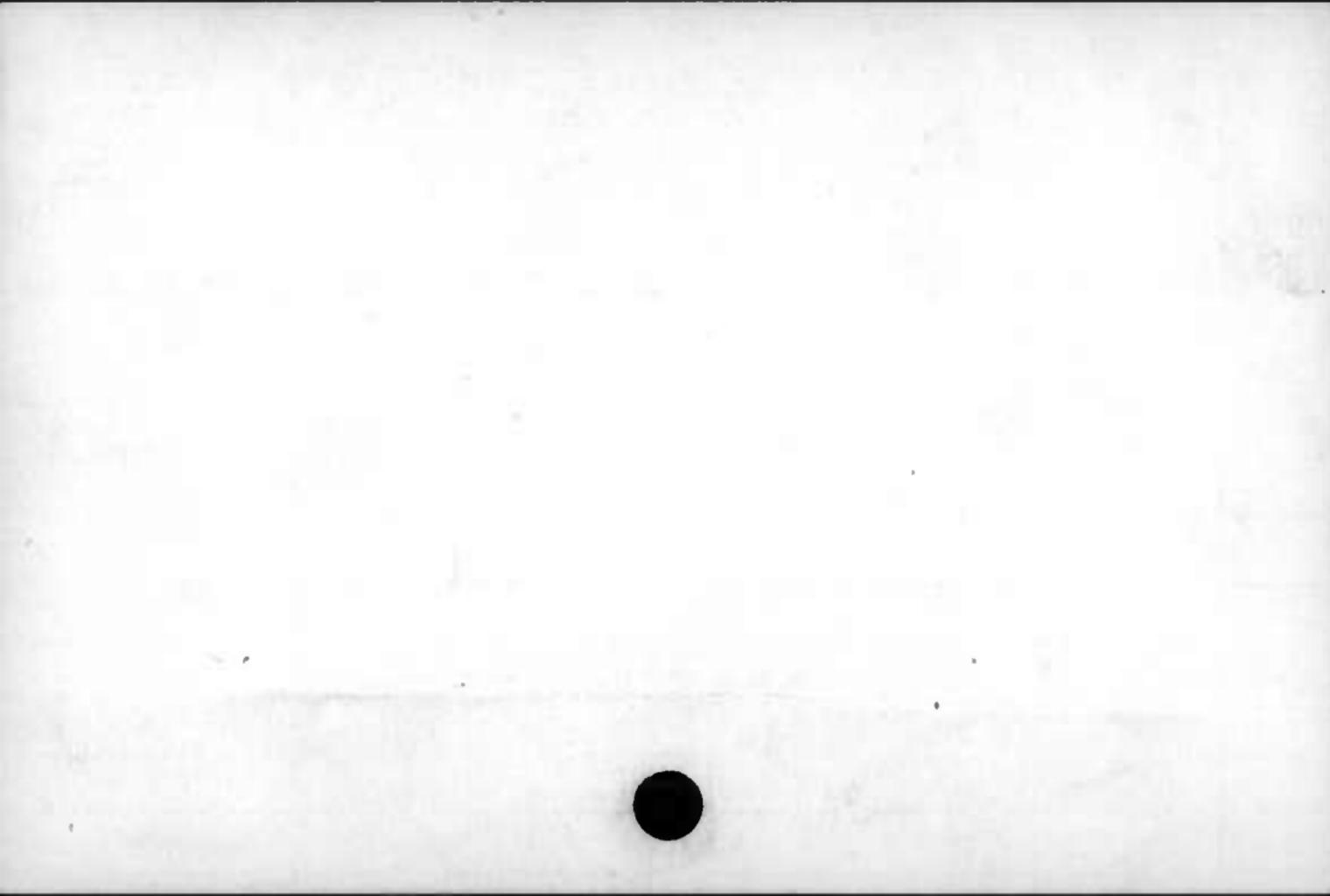
George Edward Holley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>West Millington</u>		County <u>June Anne</u>		MARYLAND		
Date of death <u>1907</u>	Month <u>10</u>	Day <u>19</u>	Years <u>1</u>	Months <u>3</u>	Days	
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Md</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Md</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>None</u>					
Father's Name <u>George Edward Holley</u>			Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Fraddie Gruse</u>			Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Wm Gruse</u>			How related deceased <u>Grand Father</u>			
CAUSES OF DEATH						
Primary	<u>Accident (supposed) to Mother</u>			How long <u>Dead when</u>		
Immediate	<u>Broken Neck, result of fall</u>			How long <u>found</u>		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
<u>Yes</u>				Address <u>George Sander</u>		
Accident or Suicide? <u>Accident (supposed)</u> <u>Sandersville Md</u>						

PHYSICIAN
OR CORONER



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<i>George G. Jones</i>				CERTIFICATE OF DEATH				
Died at	chester	Town	Q-d.	County	MARYLAND			
Date of death	1907	Month	7	Day	Age	19	Years	
Sex	male	Color of Race	Colored	Birth-place	Kent Isd Md			
Occupation	Oysterman	Where Residing if not at place of death			at father's			
Married, Single or Widowed	Single	Name of Wife or Husband						
Father's Name	John Jones	Father's Birthplace	Kent Isd Md					
Mother's Maiden Name	Carrie Meredith	Mother's Birthplace	" " "					
Name of person giving information	John Jones	How related to deceased	Father					

CAUSES OF DEATH

Primary

Typhoid Fever

① How long

10 days

Immediate

Meningitis

How long

6 "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Percy Kemp
Stevensville
Md.

Accident or Suicide?

Name
in
Full

Nelson Morgan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	20 1907	Month Oct	Day 96 Sound	Years 62	Months Days
Sex	man	Color or Race	White	Birth-place	Delaware Williamsbridge
Occupation	Labourer	Where Residing if not at place of death			At home
Married, Single or Widowed	Widower	Name of Wife or Husband	Harriet Morgan	Father's Name	Unknown
Father's Name	Nelson Morgan	Mother's Birthplace			Unknown
Mother's Maiden Name	Charlie Armstrong	Mother's Birthplace			Unknown
Name of person giving Information	Lina Ford	How related to deceased			Sister

CAUSES OF DEATH

56

PHYSICIAN
OR CORONER

Primary

Alcoholism excess

How long

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

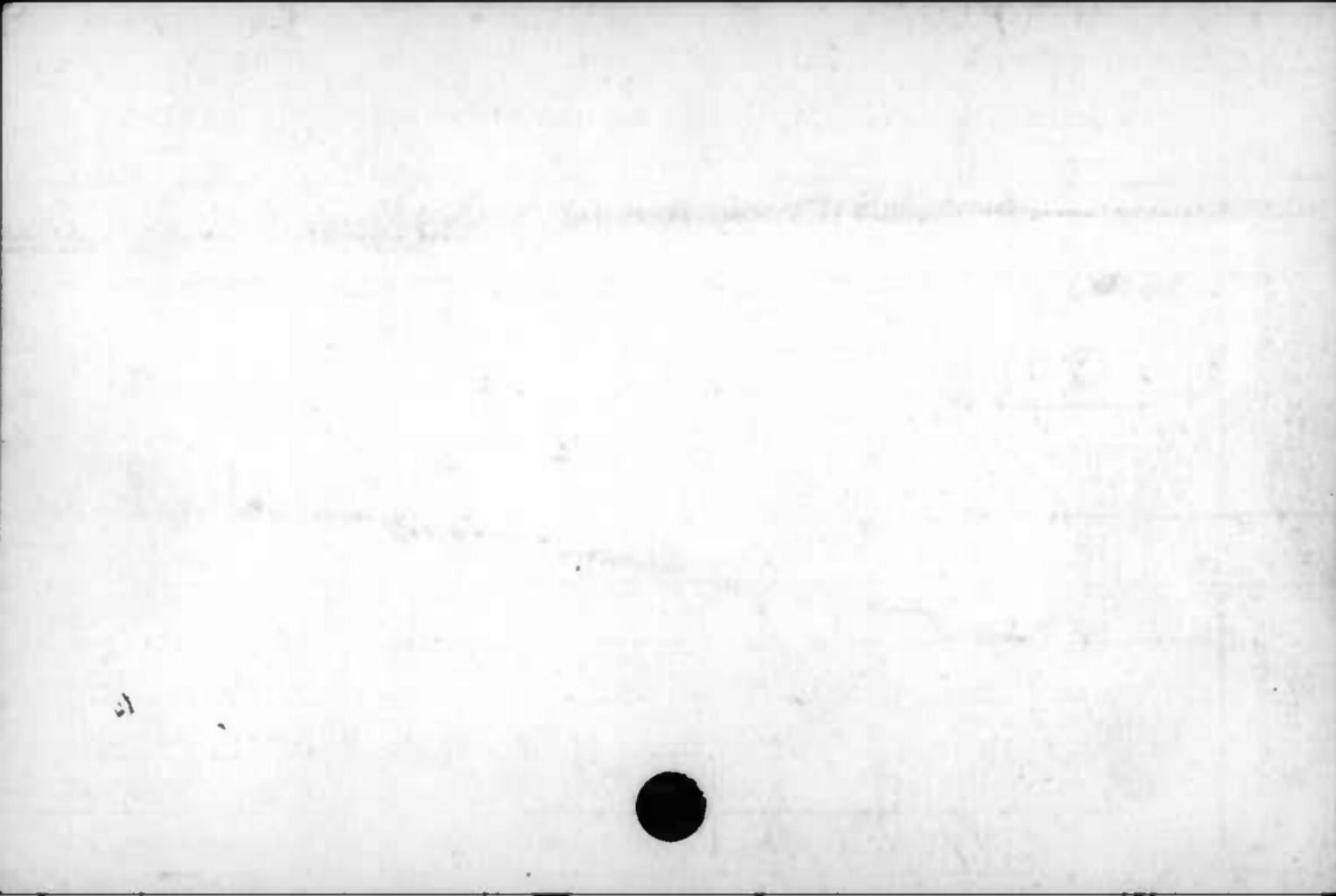
Arthur E. Sanders M.D.

Address

Crumpton Md

Accident or Suicide?

Accident



Elizabeth J. Morbans

CERTIFICATE OF DEATH

MARYLAND

Died at GreenstounCounty 2aDate of death 1907Month OctDay 4Years 88

Months

Days

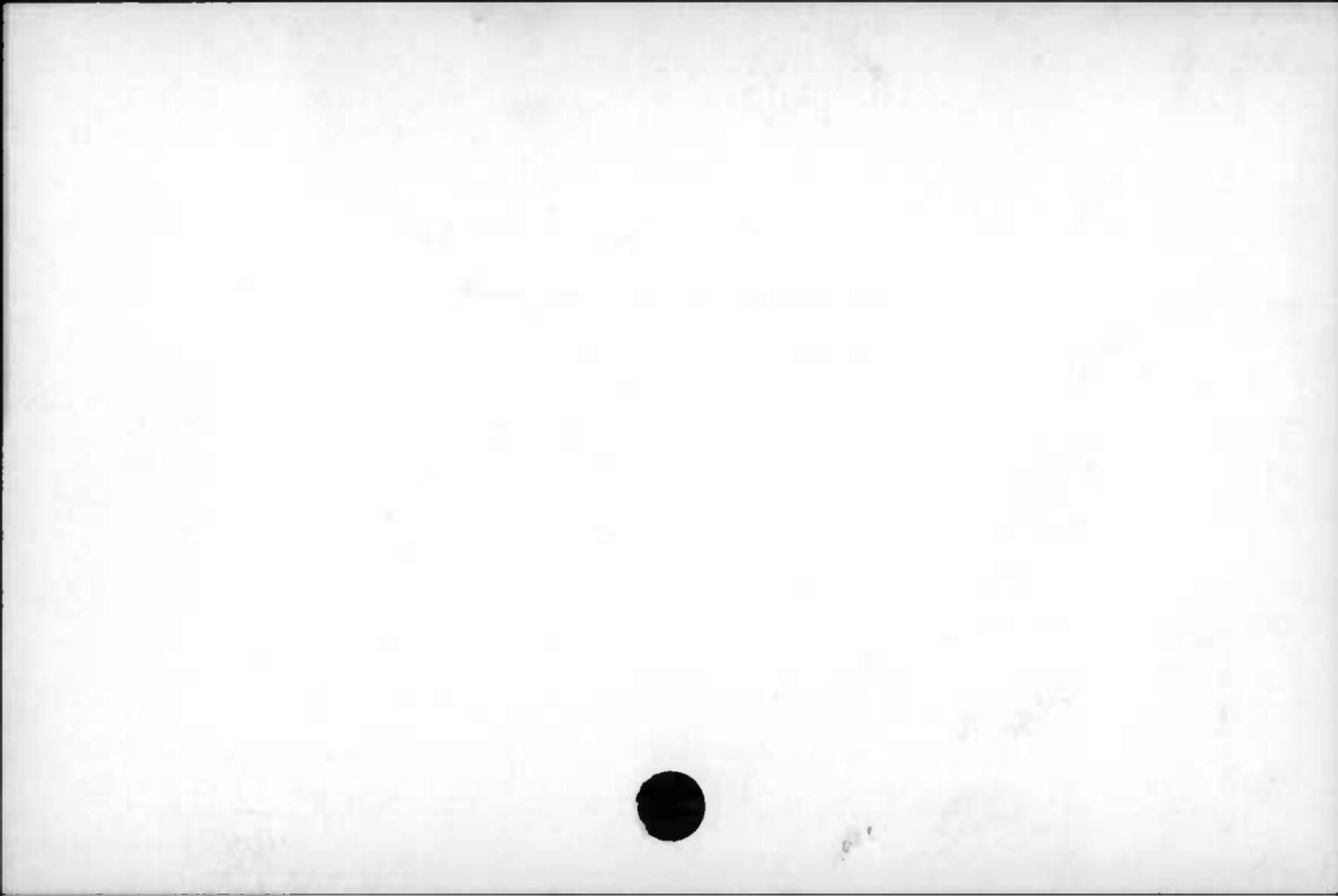
Sex FemaleColor or Race WhiteBirth-Place Balt CityOccupation RetiredWhere Residing if not
at place of death GreenstounMarried, Single
or Widowed SingleName of Wife or
Husband Father's Name Henry E MorbansFather's Birthplace Balt CityMother's Maiden Name Mary AskevMother's Birthplace Name of person giving
Information J S DenneyHow related
to deceased Neophem

CAUSES OF DEATH

106

How long One weekPrimary Heart diseaseHow long Several monthsImmediate General debilityAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician Howard R. HopkinsAddress Greenstoun

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Katherine E. Palmaroy

Town

New Church Hill

County

Quebec

Died at

New Church Hill

Month

1907

Day

17

Years

—

Months

3

Days

—

Date
of death

1907

Age

—

Sex

Female

Color or
Race

White

Birth-
place

England

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
name

Nancy G. Palmaroy

Father's
Birthplace

Ja.

Mother's
name

Clara E. Jones

Mother's
Birthplace

N.C.

Name of person giving
information

Nancy G. Palmaroy

How related
to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

105

How long

Immediate

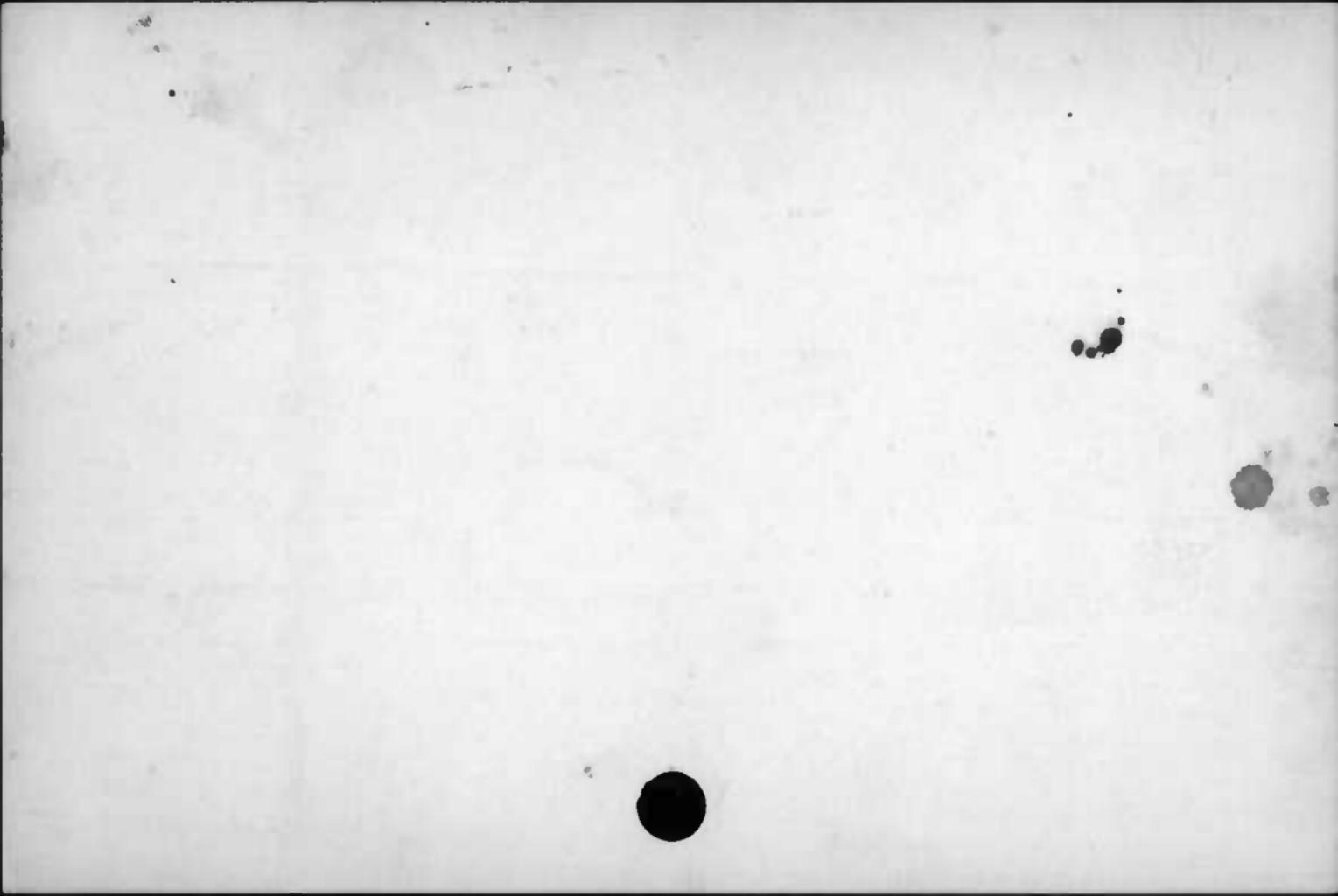
How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Rachel Alberto Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Centreville		County	Queen Anne		MARYLAND
Date of death	Month	Day	Years	Age	5	Days	4
Sex	Female	Color or Race	American		Birthplace	Queen Anne	
Occupation	House Wife		Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Howard E. Price		Father's Birthplace	2. a. Co. Md	
Father's Name	W. Kent Sparks				Mother's Birthplace	2. a. Co. Md	
Mother's Maiden Name	Amelia Eliza Richardson				How related to deceased	Husband	
Name of person giving information	H. E. Price						

CAUSES OF DEATH

190

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis		How long	6 weeks
Immediate	Pulmonary Edema		How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. M. S. Price	
		Address	Centreville 2. a. Co. Md.	
Accident or Suicide?	no			

Name
in
Full

Ralph Price

CERTIFICATE OF DEATH

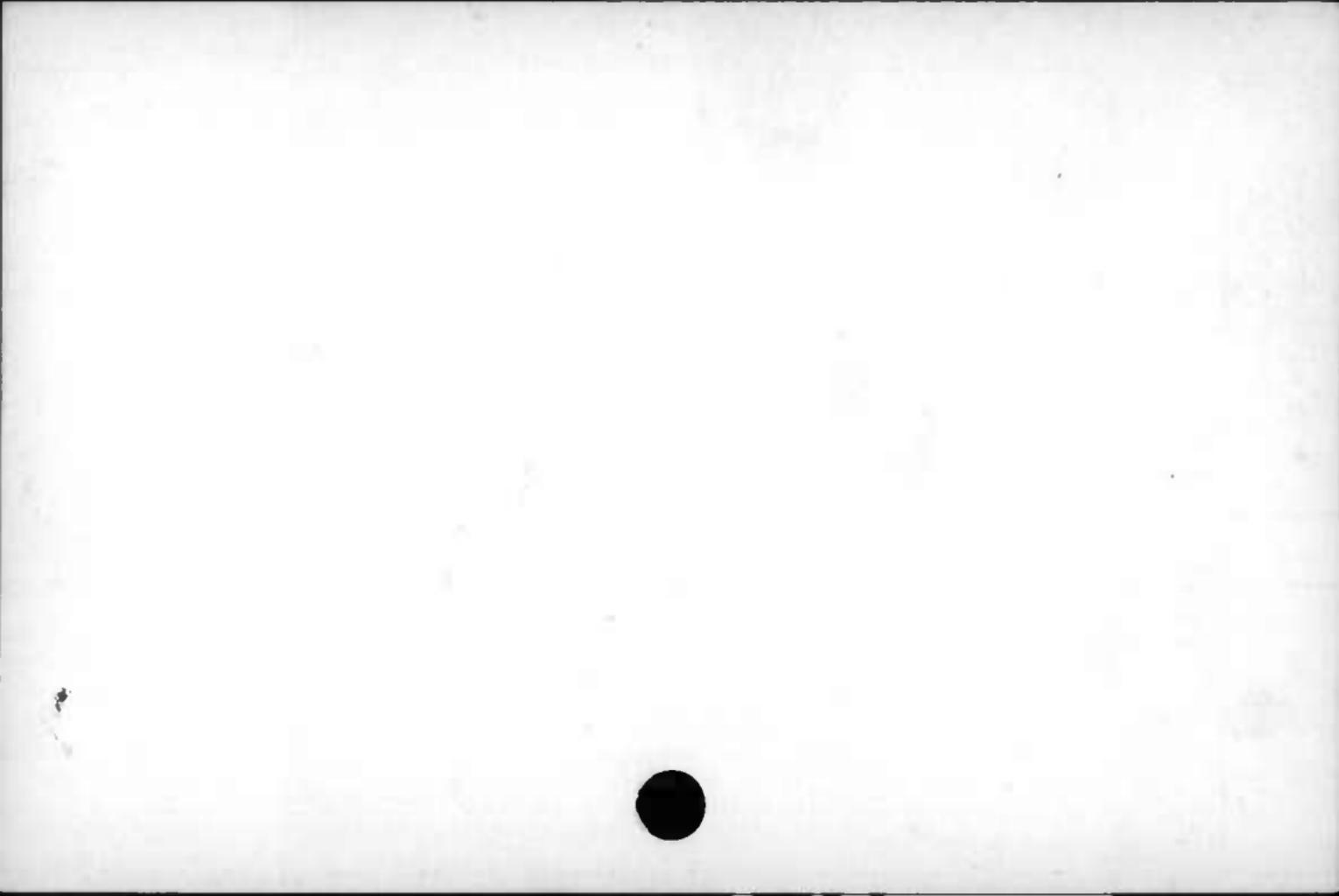
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
near Queenston		Za Co			MARYLAND	
Date of death	1907	Month Oct	Day 6	Age 7	Years	Months 3
Sex	Male	Color or Race	white	Birth-place	Za Co	Days
Occupation				Where residing if not at place of death	Near Queenston	
Married, Single or Widowed	—	Name of Wife or Husband				
Father's Name	John R Price			Father's Birthplace	Za Co	
Mother's Maiden Name	Agnes Algoods			Mother's Birthplace	" "	
Name of person giving information	Chas R Price			How related to deceased	Father	

CAUSES OF DEATH

151

PHYSICIAN OR CORONER	Primary	Malaria	
	Immediate	Exhaustion	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
		Address	R. Paulson & Son Queenston, Md
Accident or Suicide?			



Name
in
Full

Lavinia Virginia Daal

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place	Kent Island		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	John Daal			
Father's Name	John Thomas			Father's Birthplace	
Mother's Maiden Name	Sarah M. Jones			Mother's Birthplace	
Name of person giving Information	Fannie Wilson			How related to deceased	

CAUSES OF DEATH

1

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

How long

2 weeks

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date and place correctly given above?

yes

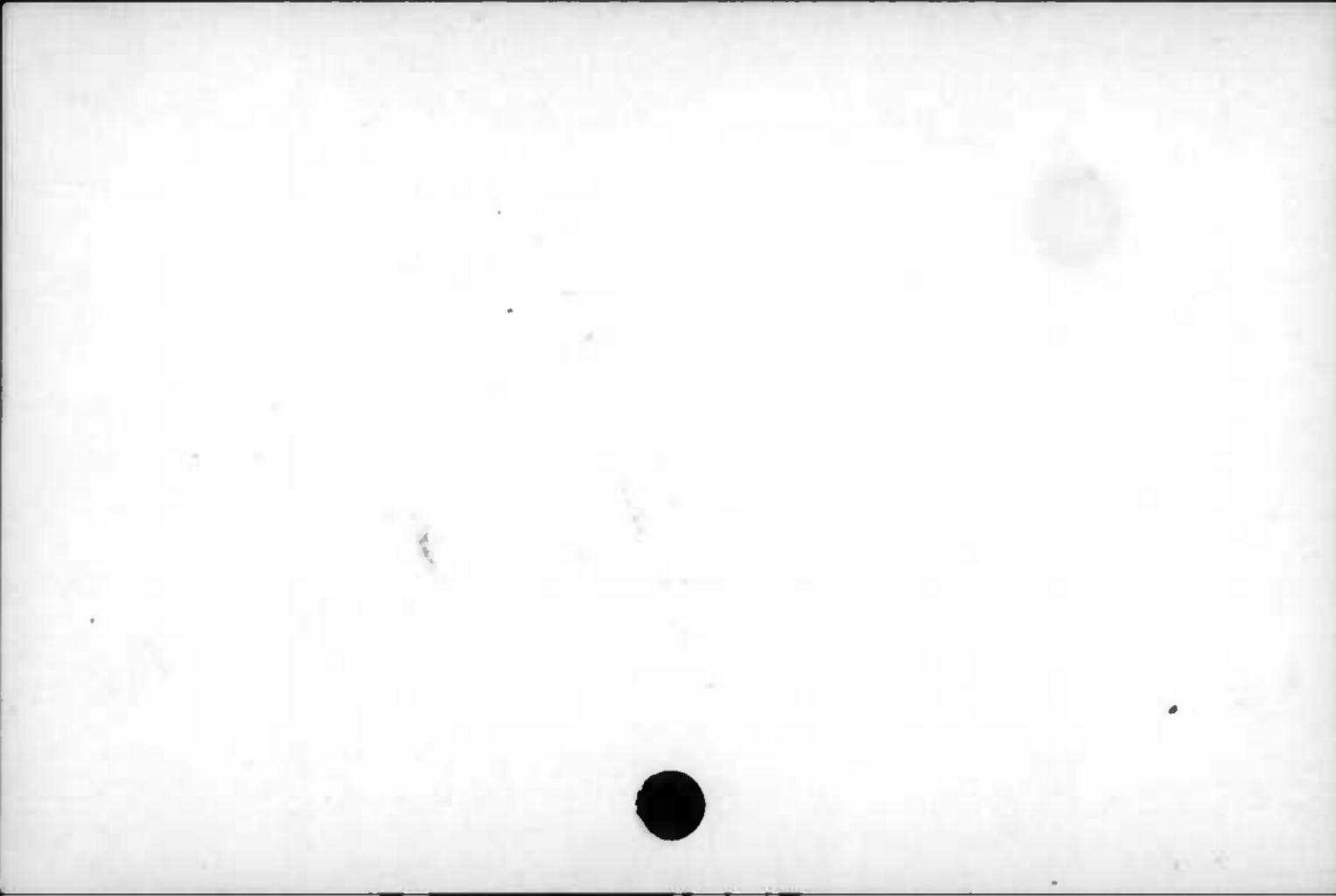
Signature of Physician

Address

Wm. Henry
Alma's wife Dad

Accident or Suicide?

No



Name
in
Full

Jessie Revell

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>New Hoydens</u> Town		County <u>Queen Anne</u>		MARYLAND	
Date of death	Month <u>Oct</u>	Day <u>24</u>	Age <u>17</u>	Years <u>11</u>	Months <u>11</u>
Sex <u>Female</u>	Color or Race <u>Black</u>	Birth-place <u>Md.</u>		Days <u>24</u>	
Occupation <u>Housework</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Charles Matthews</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Elizabeth Weeks</u>	Mother's Birthplace <u>Md.</u>				
Name of person giving information <u>John C. Revell</u>	How related to deceased <u>none</u>				

CAUSES OF DEATH

116

Primary <u>Peritonitis</u>	How long <u>8 days</u>
Immediate <u>Perforation of bowel</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. G. Cappage</u>
	Address <u>Church Hill</u>
Accident or Suicide? <u>nd</u>	

Rossinius. Antky

Name
in
Full

John Spencer

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

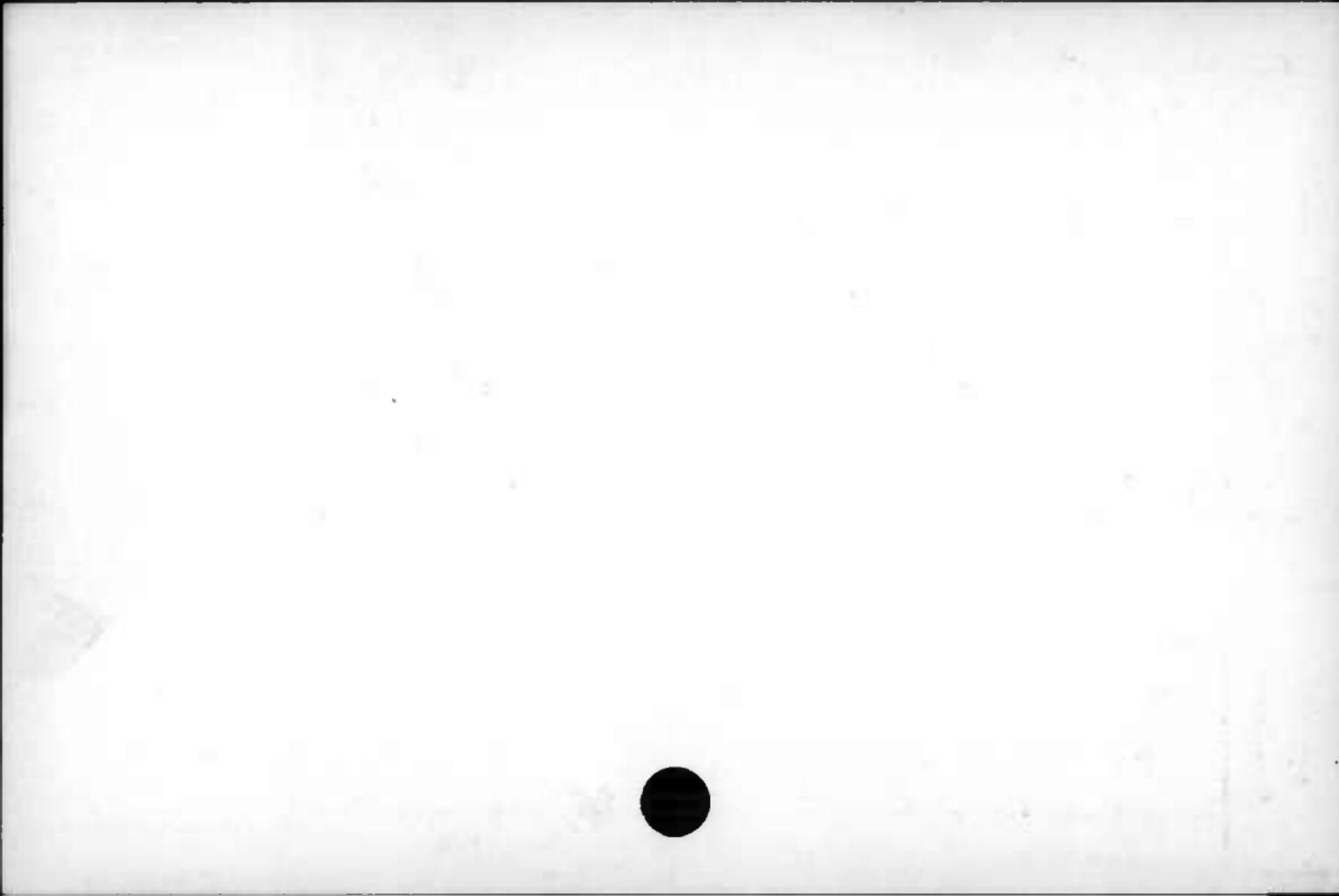
Died at		Town	County		MARYLAND	
Date of death	1907 Oct	Mont.	Day	15	Years	2 Arms
Sex	Male	Color or Race	Age	50	Months	Oct
Occupation	Seavent	Where Residing if not at place of death				2 A.C. 7 m ² Centerville
Married, Single or Widowed	yes yes	Name of Wife or Husband	don't know			
Father's Name	Theodore Spencer				Father's Birthplace	2 A. 60 m ²
Mother's Maiden Name	Eliza Spencer " Nines				Mother's Birthplace	2 A. 60 m ²
Name of person giving information	John Hard				How related to deceased	Cousin

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	Corrosion of liver		How long	1 year
Immediate	Dropsy		How long	4 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Dr. Holton 2 A.C.	
		Address	Centerville 2 A. 60 m ²	
Accident or Suicide?	Neither			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died <u>near Barclay</u>		Town	<u>Turner</u>		County	<u>Green Times</u>		MARYLAND
Date of death	1907	Month Oct	Day 14	Age	—	Years	Months	4 hrs
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth- place	<u>near Barclay</u>	
Occupation			Where Residing if not at place of death		<u>At place of death</u>			
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband					
Father's Name	<u>Howard Turner</u>				Father's Birthplace	<u>Ind</u>		
Mother's Maiden Name	<u>Gussie Stephens</u>				Mother's Birthplace	<u>Ind</u>		
Name of person giving Information	<u>Howard Turner</u>				How related to deceased	<u>Father</u>		
CAUSES OF DEATH								
Primary	<u>Exsanguination</u>				How long	<u>4 hours</u>		
Immediate	<u>Exsanguination</u>				How long	<u>4 hours</u>		

151

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. C. Clegg
Church St. Ind

Accident or Suicide?

1



Name
in
Full

Catharine Halls

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Church Hill	County	Queen Anne's Co	MARYLAND
Date of death	Month	Day	Year	Months	Days
Sex	Color or Race	Age	13 yrs	1	1
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband		Queen Anne's Co		
Father's Name	John H. Halls		Queen Anne's Co		
Mother's Maiden Name	Ellay Bennett		Queen Anne's Co		
Name of person giving information	Thomas Halls		Brother		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pneumonia Sub. Calous

How long

1 yr

Immediate

Exhaustion

How long

1 hr

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Dudley
Queen Anne's Co
Maryland

Accident or Suicide?

No

2750
375

Name
in
Full

Walls

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

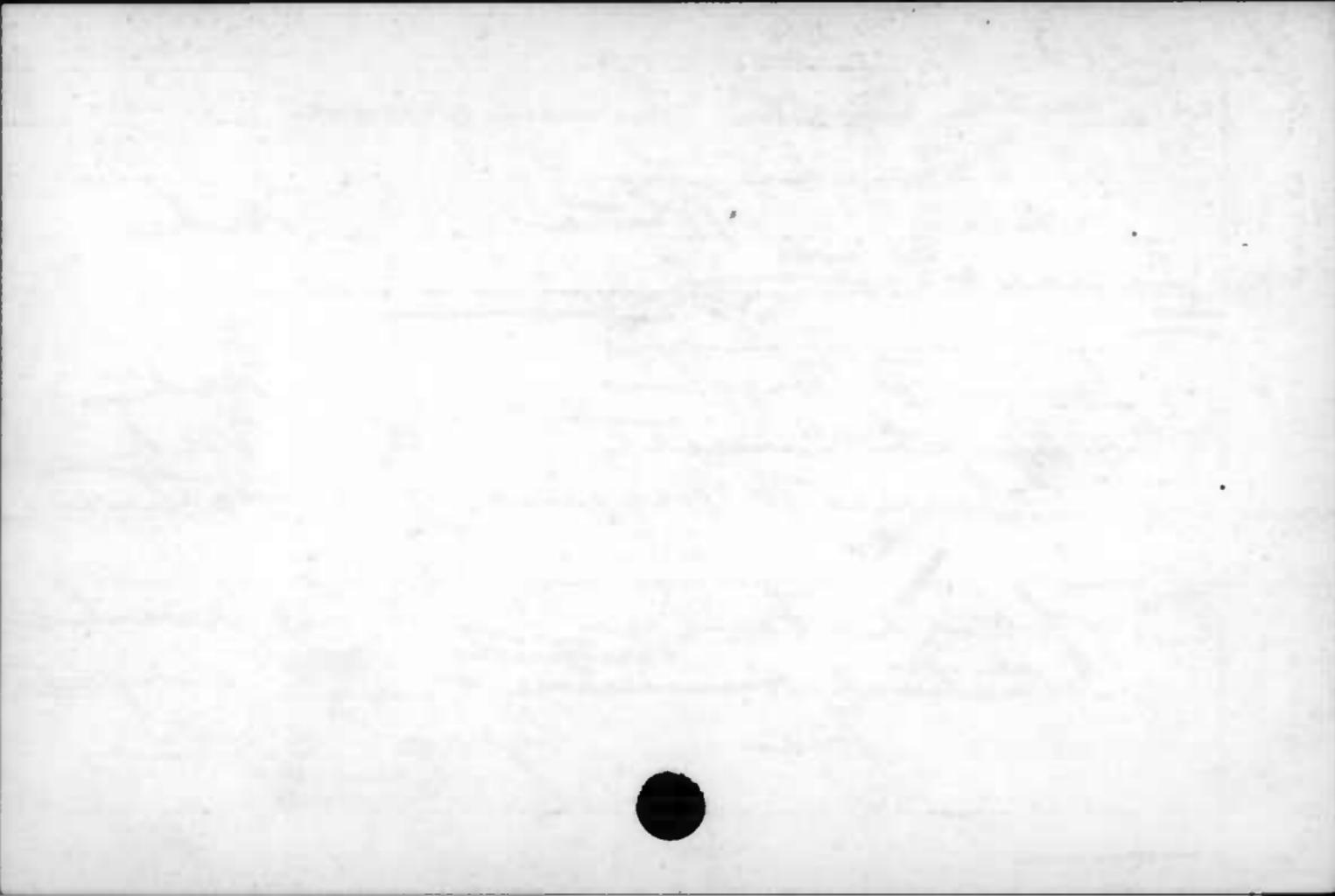
Died at <u>Neal Grumpin</u>		Town	County <u>Prince George</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>10</u>	Day <u>26</u>	Years <u>1</u>	Age <u>Hours</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Md</u>		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	<u>Sam'l Henry Walls</u>		Father's Birthplace	<u>Md</u>		
Mother's Maiden Name	<u>Ella V Leagor</u>		Mother's Birthplace	<u>Md</u>		
Name of person giving information	<u>Sam'l H. Walls</u>		How related to deceased	<u>Brother</u>		

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary	<u>Mal Nutrition and Mal Formation</u>		How long	<u>One hour</u>
Immediate	<u>Malnutrition</u>		How long	<u>" "</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Foster Sudley</u>	
		Address	<u>Sudlersville Md</u>	
Accident or Suicide?				



Name
In
Full

Frank Wiggins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

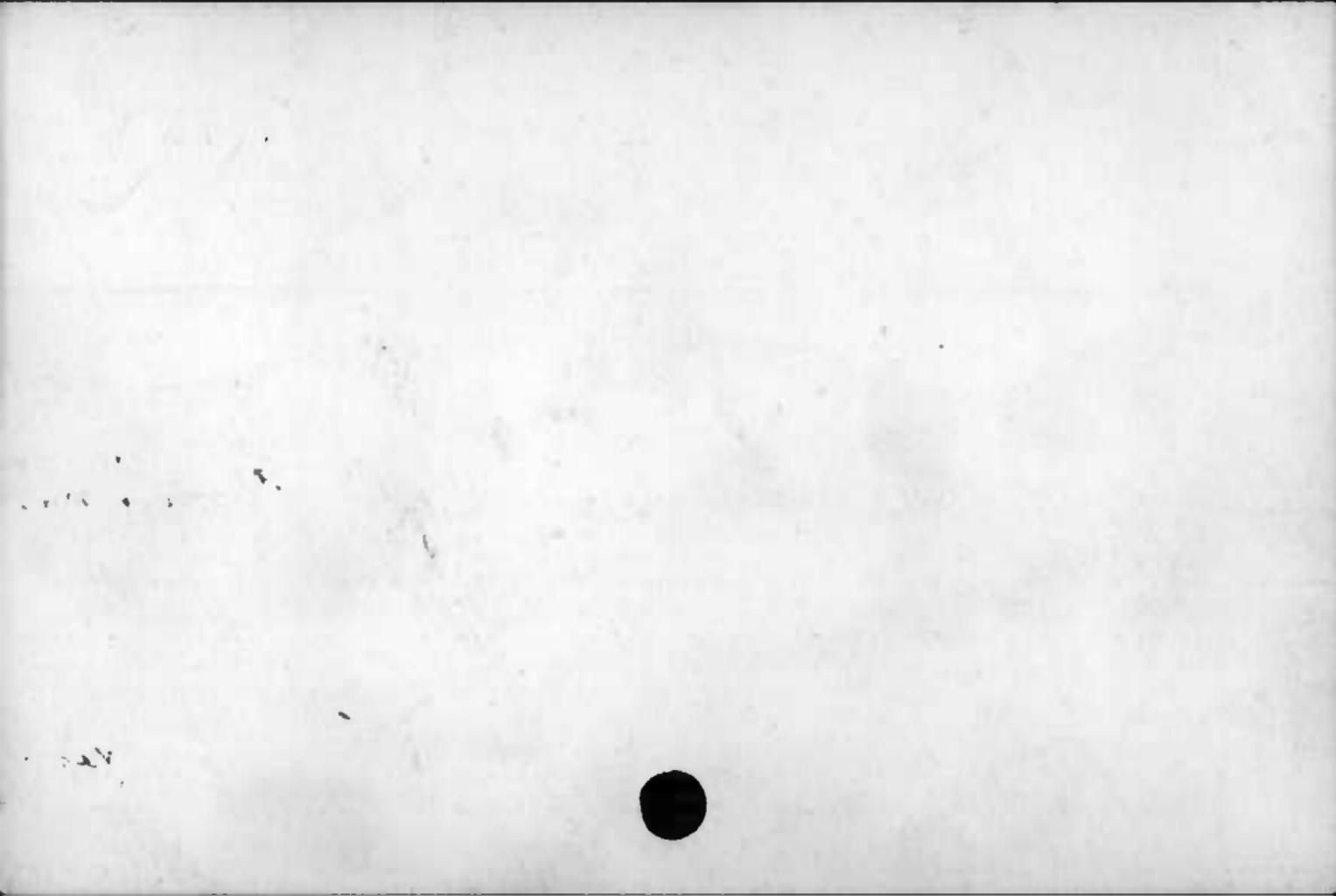
Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single Widow	Name of Wife or Husband					
Father's Name	James W. Wiggins					
Mother's Maiden Name	Sarah Everett					
Name of person giving information	James W. Wiggins					

CAUSES OF DEATH

(1)

Primary	Typhoid Fever	How long	3 weeks
Immediate	Gastric Hemorrhage + Peritonitis	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Harry L. Dodes
		Address	Chesapeake, Md.
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Leon Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Goultown</u> Town		County <u>Quinn Ames</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>10</u>	Day <u>18</u>	Years	Months <u>7</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Goul Town</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>W. J. Wilson</u>				
Mother's Maiden Name	<u>Susie Hawkins</u>				
Name of person giving information	<u>W. J. Wilson</u>				
CAUSES OF DEATH					
Primary	179				
Immediate <u>Maransus</u>	How long				
Are the name, age, sex, color, date and place correctly given above?	How long				

Signature of Physician

Address

Divwoodford S. D.
C. C. Crittenden

Accident or Suicide?



Name
in
Full

Les W. Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

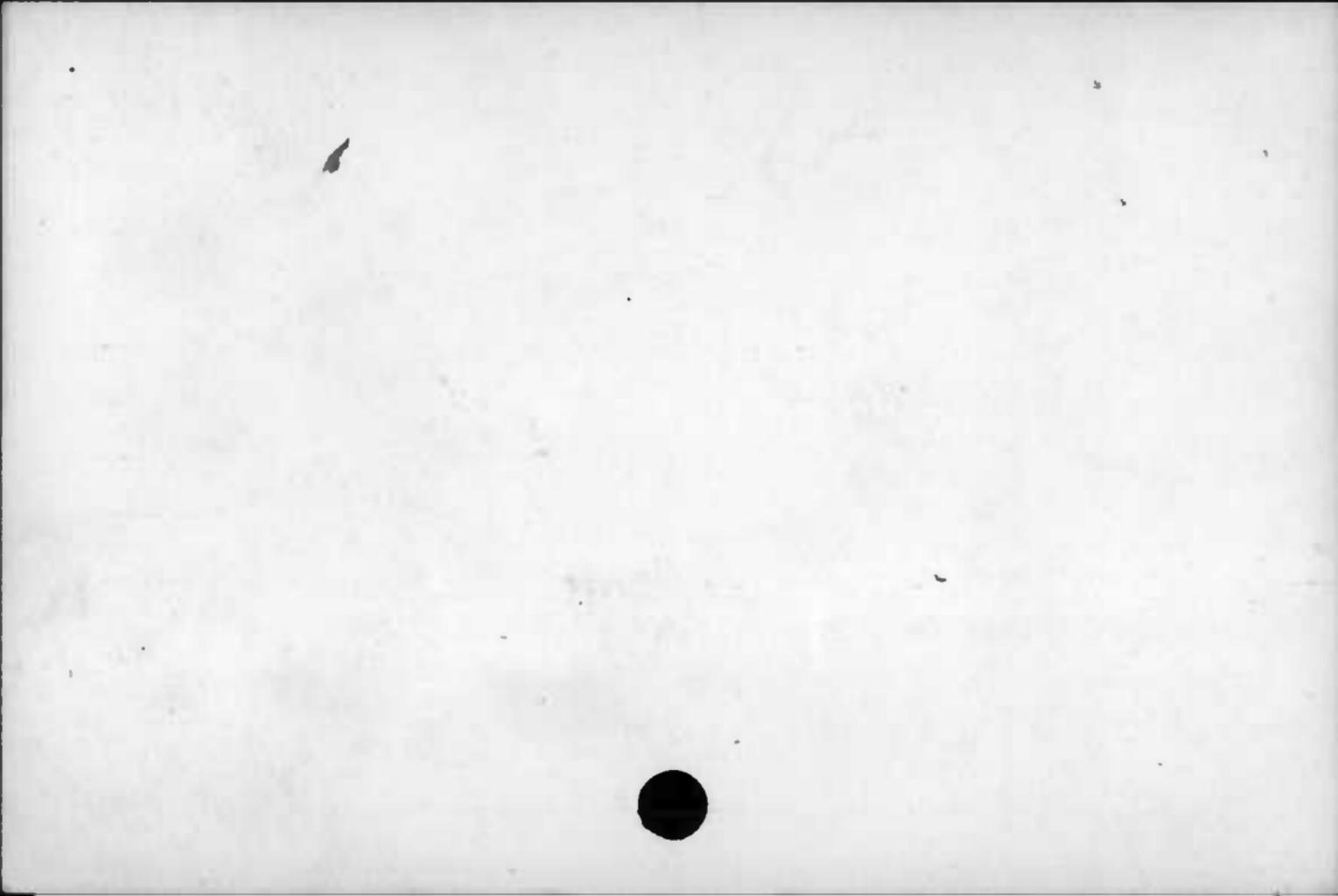
Died <u>near Bridgeport</u>		Town	County <u>Green Arches</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>Oct.</u>	Day <u>4</u>	Years	Months <u>11</u>	Days <u>-</u>	
Sex <u>male</u>	Color or Race <u>white</u>	Age	Birthplace <u>Maryland</u>			
Occupation <u>farmer</u>		Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>Clinton Wright</u>	Father's Birthplace <u>Caroline Co.</u>					
Mother's Maiden Name <u>Elsie M. Anderson</u>	Mother's Birthplace <u>Md.</u>					
Name of person giving information <u>Father</u>	How related to deceased <u>—</u>					

CAUSES OF DEATH

4105

Primary <u>Enteritis -</u>	How long <u>5 mo.</u>
Immediate <u>Coma -</u>	How long <u>one day -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes -</u>	Signature of Physician <u>J. R. Meale</u>
	Address <u>Greensboro - Md.</u>
Accident or Suicide?	

PHYSICIAN
OR CORONER



Name
in
Full

Leviel Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	American	Birthplace	Spurred Ance	
Occupation	Farmer					
Married, Single or Widowed	Single	Name of Wife or Husband	Spurred Ance			
Father's Name	Leviel E. Wright					Father's Birthplace
Mother's Maiden Name	Charlotte Ann Pratt					Mother's Birthplace
Name of person giving information	T. A. Emery					How related to deceased

CAUSES OF DEATH

64

Primary

Arteriosclerosis

How long

Several years

Immediate

Cerebral hemorrhage

How long

Eleven days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Jas Bradley M.D.
Centreville Md.

Accident or Suicide?

